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CROSSED HEMIPLEGIA.

MOST PROMINENT PHENOMENON.
PARALYSIS OF THE PHARYNX.
SYPHILITIC BASIS.

BY
HEINRICH STERN, M. D.

REPRINTED FROM THE
New York Medical Journal
for May 1, 1897.

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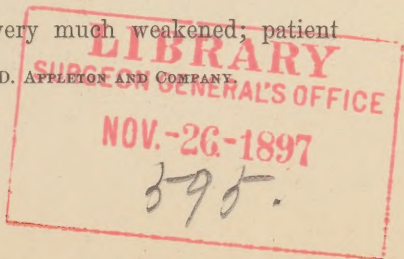
ON the evening of February 10, 1896, I was summoned to attend E. F. W., who, according to the messenger, was seized with a suffocative attack.

Patient, a man, of German parentage, aged thirty-four years, five feet seven inches in height, rather spare in flesh, single; no occupation. He was at home and apparently in his usual condition, when occasion arose to blow his nose; he did so, and immediately thereafter felt a peculiar sensation in the nasopharynx, and in attempting to take a drink he found that he was not able to swallow except with much difficulty. A little while later, on trying to drink a glass of beer, he began to choke, and then I was called.

On inspection of his exterior it seemed to me as if the region of the larynx and the larynx itself were much tumefied and swollen. There was some drooping of the left angle of the mouth, with an immobile condition of that side of the face. The left upper eyelid drooped considerably—ptosis—but I was informed that such was always the case. There seemed to be some stiffness of the cervical muscles.

The right arm was very much weakened; patient

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seemed to have but very little strength therein. The right leg was markedly paretic. On examining the buccal cavity and parts beyond by reflected light, nothing abnormal was discovered; glottis and larynx presented a natural appearance.

Speech was unimpaired.

The paralysis of the pharynx was the most striking of the whole paretic phenomena, the dysphagia being complete.

Treatment.—Hypodermic injections of strychnine. Patient is nourished by means of the stomach tube.

February 12th.—The paretic condition on the part of the face has almost entirely disappeared, only a slight trace remaining at the left labial angle. The arm has also regained much of its former strength; the leg, though still weak, is also growing stronger, and patient would get out of bed and dress himself and sit up. He can not stand up yet very well; a tremor comes upon him when he makes the effort. The dysphagia is complete and persistent.

Dr. Illoway was called in consultation. This examination confirmed the results of the first; the patient could not swallow even a few drops of water placed into his mouth; it would get down into his larynx and cause choking.

Taking it for granted, from the mode of onset and the general appearance of the patient, that the whole trouble was based upon a syphilitic infection and specific disease of the cerebral centres, it was concluded to put the patient, in addition to the treatment already instituted, upon potassium iodide, 0.75 gramme four times daily, administered through the stomach tube, and after a few days more to resort to faradization.

19th.—The patient is improving rapidly. The other pareses have disappeared entirely and patient is able to go about. He left the house to-day to take a walk.

The dysphagia still persists. The patient is still fed with the tube.

25th.—The dysphagia is much improved and patient can swallow fairly well.

Although previously denied, the specific infection was subsequently admitted by the patient.

November 2, 1896.—The status of patient, as just described, has continued. He says that sometimes at meals, now, the bolus seems to stick in his œsophagus, and then his back is pounded by members of his family and he is all right again.

Some involvement, apparently, of the œsophagus. Occasionally, not always, a slight dragging of the right leg is noticeable.

The phenomena, as described, clearly show that we had here a case of crossed hemiplegia. This form of hemiplegia is already so well known and its lesions are so well described * that nothing more on that point need be said here.

The point of special interest, the unusual feature of the case, is the marked and most persistent (in comparison with that of other parts) paralysis of the pharynx. That this paralysis was complete was shown by the fact that a little water put into the patient's mouth could not be swallowed, but caused suffocation.†

That the case is syphilitic in character there can be no question now, as the infection is admitted by the patient; furthermore, the mode of onset,‡ the character of the attack, and the results of the specific treatment amply demonstrate it.

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* Ross. *Diseases of the Nervous System*. Von Ziemssen's *Encyclopædia*. Osler. *Practice of Medicine*. † Ross. *Op. cit.*

‡ Ross. *Op. cit.* Bumstead and Taylor. *Venereal Diseases*.

The New York Medical Journal.

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PUBLISHED BY

D. APPLETON & CO., 72 Fifth Avenue, New York.

